

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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36							96						
37							97						
38							98						
39							99						
40							100						
1							TOTAL						
							IND.						
							DEP.						
							TOTAL						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS